

CAUTION:

**IF YOU ARE USING A PUBLIC ACCESS
COMPUTER, (I.E., PUBLIC LIBRARY, ETC.)
BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED
ACCESS TO PERSONAL INFORMATION SUCH AS
YOUR NAME, HOME ADDRESS, AND
SOCIAL SECURITY NUMBER.**

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
PLANT PROTECTION AND QUARANTINE
BIOLOGICAL ASSESSMENT AND TAXONOMIC SUPPORT
RIVERDALE, MARYLAND 20737

APPLICATION AND PERMIT TO MOVE
LIVE PLANT PESTS OR NOXIOUS WEEDS

3. TYPE OF PEST TO BE MOVED

☐ Pathogens ☐ Arthropods ☐ Noxious Weeds

☐ Other (Specify): _____

This permit does not authorize the introduction, importation, interstate movement, or release into the environment of any genetically engineered organisms or products.

SECTION A - TO BE COMPLETED BY THE APPLICANT

1. NAME, TITLE, AND ADDRESS (Include Zip Code)

2. TELEPHONE NO. ()

A. SCIENTIFIC NAMES OF PESTS TO BE MOVED	B. CLASSIFICATION (Orders, Families, Races, or Strains)	C. LIFE STAGES IF APPLICABLE	D. NO. OF SPECIMENS OR UNITS	E. SHIPPED FROM (Country or State)	F. ARE PESTS ESTABLISHED IN U.S.	G. MAJOR HOST(S) OF THE PEST
4.						
5.						
6.						

7. WHAT HOST MATERIAL OR SUBSTITUTES WILL ACCOMPANY WHICH PESTS (Indicate by line number)

8. DESTINATION	9. PORT OF ARRIVAL	10. APPROXIMATE DATE OF ARRIVAL OR INTERSTATE MOVEMENT
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11. NO. OF SHIPMENTS	12. SUPPLIER	13. METHOD OF SHIPMENT <input type="checkbox"/> Air Mail <input type="checkbox"/> Air Freight <input type="checkbox"/> Baggage <input type="checkbox"/> Auto
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14. INTENDED USE (Be specific, attach outline of intended research)

15. METHODS TO BE USED TO PREVENT PLANT PEST ESCAPE	16. METHOD OF FINAL DISPOSITION
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17. Applicant must be a resident of the U.S.A. I/We agree to comply with the safeguards printed on the reverse of this form, and understand that a permit may be subject to other conditions specified in Sections B and C.	SIGNATURE OF APPLICANT (Must be person named in item 1)	16. DATE
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SECTION B - TO BE COMPLETED BY STATE OFFICIAL

19. RECOMMENDATION <input type="checkbox"/> Concur (Approve) <input type="checkbox"/> Comments (Disapprove) <input type="checkbox"/> (Accept USDA Decision)	20. CONDITIONS RECOMMENDED
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21. SIGNATURE AND TITLE	22. TITLE	23. STATE	24. DATE
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SECTION C - TO BE COMPLETED BY FEDERAL OFFICIAL

PERMIT

25. PERMIT NO.

(Permit not valid unless signed by an authorized official of the Animal and Plant Health Inspection Service)

Under authority of the Federal Plant Pest Act of May 23, 1957 or the Federal Noxious Weed Act of 1974, permission is hereby granted to the applicant named above to move the pests described, except as deleted, subject to the conditions stated on, or attached to this application. (See standard conditions on reverse side).

*For exotic plant pathogens, attach a completed PPQ form 526-1.

24. SIGNATURE OF PLANT PROTECTION AND QUARANTINE OFFICIAL	25. DATE	26. LABELS ISSUED	27. VALID UNTIL	28. PEST CATEGORY
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